

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name William W Canon  
Full Address 704 Sylvan Rd - Columbus MS  
Telephone 662 328 13018 (Fax) \_\_\_\_\_  
E-mail \_\_\_\_\_  
Office Sought Not Sure Political Party Rep



☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009) ..... All Candidates and Political Committees  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	0	\$ 0	\$
Total amount of disbursements	795	\$ 795	\$ 795
Total amount of cash on hand		\$ 9,835	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

William W Canon  
Signature of Candidate

JAN 26 2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

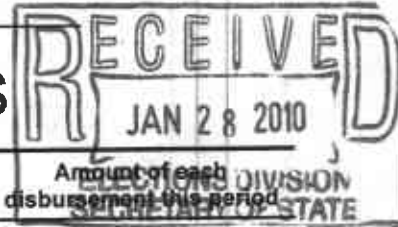
**SEND TO:**

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

William W. EasonReporting period JAN 2009through DEC 31 2009

## ITEMIZED DISBURSEMENTS



A. Full name	<u>Hailey Baeborn</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Box 1186</u>	<u>DEC 14 09</u>	\$ <u>300</u>
City, State, Zip Code	<u>Jackson MS 39215</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>300</u>
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$